

PROOF OF CLAIM

**Patriot Health Insurance Company, Inc.,**

Merrimack County Superior Court, State of New Hampshire 07-E-0517

Read Carefully Before Completing This Form

**Please print or type**

FOR LIQUIDATOR'S USE ONLY

DATE PROOF OF  
CLAIM RECEIVED

**The Deadline for Filing this Form is July 18, 2008.**

You should file this Proof of Claim form if you have an actual or potential claim against Patriot Health Insurance Company, Inc. ("Patriot") even if the amount of the claim is presently uncertain. To have your claim considered by the Liquidator, this Proof of Claim must be postmarked no later than July 18, 2008. Failure to timely return this completed form will likely result in the DENIAL OF YOUR CLAIM. You are advised to retain a copy of this completed form for your records.

1. Claimant's Name: \_\_\_\_\_

2. Claimant's Address: \_\_\_\_\_

3. Claimant's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

*If your name, address, e-mail address, or telephone number set forth above are incorrect, or if they change, you must notify the Liquidator so he can advise you of new information.*

4. Claimant's Social Security Number, Tax ID Number or Employer ID Number: \_\_\_\_\_

5. Claim is submitted by (check one):

a) ☐ Policyholder or former policyholder (including claims of providers by subrogation)

b) ☐ Employee or former employee

c) ☐ Broker or Agent

d) ☐ General Creditor

e) ☐ State or Local Government Entity

f) ☐ Other; describe: \_\_\_\_\_

Describe in detail the nature of your claim. You may attach a separate page if desired. **Attach relevant documentation** in support of your claim, such as copies of outstanding invoices, contracts, or other supporting documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Indicate the total dollar amount of your claim. If the amount of your claim is unknown, write the word "unknown", BUT be sure to attach sufficient documentation to allow for determination of the claim amount.

\$\_\_\_\_\_ (if amount is unknown, write the word "unknown").

7. If you have any security backing up your claim, describe the nature and amount of such security. Attach relevant documentation.

\_\_\_\_\_

8. If Patriot has made any payments towards the amount of the claim, describe the amount of such payments and the dates paid: \_\_\_\_\_

9. Is there any setoff, counterclaim, or other defense which should be deducted by Patriot from your claim? \_\_\_\_\_

10. Do you claim a priority for your claim? If so, why: \_\_\_\_\_

11. Print the name, address and telephone number of the person who has completed this form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

12. If represented by legal counsel, please supply the following information:

a. Name of attorney: \_\_\_\_\_

b. Name of law firm: \_\_\_\_\_

c. Address of law firm: \_\_\_\_\_

d. Attorney's telephone: \_\_\_\_\_

e. Attorney's fax number: \_\_\_\_\_

f. Attorney's email address: \_\_\_\_\_

13. If using a judgment against Patriot as the basis for this claim:

a. Amount of judgment \_\_\_\_\_

b. Date of judgment \_\_\_\_\_

c. Name of case \_\_\_\_\_

d. Name and location of court \_\_\_\_\_

e. Court docket or index number (if any) \_\_\_\_\_

14. **All claimants** must complete the following:

I, \_\_\_\_\_ (insert individual claimant's name or name of person completing this form for a legal entity) subscribe and affirm as true, under the penalty of perjury as follows: that I have read the foregoing proof of claim and know the contents thereof, that this claim in the amount of \_\_\_\_\_ dollars (\$\_\_\_\_\_) against Patriot is justly owed, except as stated in item 9 above, and that the matters set forth in this Proof of Claim are true to the best of my knowledge and belief. I also certify that no part of this claim has been sold or assigned to a third party.

*Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.*

\_\_\_\_\_  
Claimant's signature

\_\_\_\_\_  
Date

15. Send this completed Proof of Claim Form, postmarked by **July 18, 2008**, to:

Patriot Health Insurance Co in Liquidation  
P.O. Box 1720  
Manchester, New Hampshire 03105-1720

**You should complete and send this form if you believe you have an  
actual or potential claim against Patriot  
even if the amount of the claim is presently uncertain.**